

Completion & Student Feedback Form: (Self-Study)

Name: _____ Job Title: _____

POC/Organization: _____ POC or Supervisor Signature: _____

Course Title: _____ Completion Date: _____ Grade: _____ %

Please help us improve our training and materials by answering the following questions. Your reactions, comments, and suggestions are needed and appreciated.

Please rate the following:

We encourage you to offer comments and suggestions concerning any ratings.

	Not Applicable	Poor	Fair	Good	Very Good	Excellent
1. The clarity of the instructions for using this training was...	<input type="checkbox"/>	1	2	3	4	5
2. The organization of the training was...	<input type="checkbox"/>	1	2	3	4	5
3. The ease of navigation through the program was...	<input type="checkbox"/>	1	2	3	4	5
(Computer-based and Web-based training only)						
4. The usefulness of the review questions was...	<input type="checkbox"/>	1	2	3	4	5
5. The level of detail in the course material was...	<input type="checkbox"/>	1	2	3	4	5
6. The overall quality of the training was...	<input type="checkbox"/>	1	2	3	4	5

7. What parts of the training were **most useful**?

8. How could this training be improved? (Amount/quality of the information presented, types of graphics and illustrations used, acquiring the training from NTC, etc.)

9. Identify the agency/functional area under which your job falls.

a. ☐ DOE ☐ NNSA ☐ OTHER AGENCY

b. ☐ M&O ☐ National Laboratory ☐ Sub-contractor (tier II or III)

c. ☐ Safeguards & Security ☐ Foreign Visits/Assignments
☐ Emergency Operations ☐ Other _____
☐ Counterintelligence

d. ☐ Scientist ☐ Academician
☐ Principal Investigator ☐ Laboratory Operations
☐ Engineer ☐ Laboratory Support Services

10. Why did you take this course? _____

11. How many years of work experience do you have in the training's subject area? _____

12. Are you taking the course to fulfill a PEP or ADAPT requirement? ☐ Yes ☐ No
If yes, please note which: _____

Additional comments: